

**INTAKE QUESTIONNAIRE - EMPLOYMENT DISCRIMINATION**

LABOR COMMISSION

UTAH ANTIDISCRIMINATION & LABOR DIVISION

160 East 300 South, 3<sup>rd</sup> Floor

P.O. Box 146630

Salt Lake City, UT 84114

Office 801-530-6801 – Toll Free 800-222-1238 – TDD 801-530-7685

**Mr. / Mrs. /Ms.: (circle one)** \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email address \_\_\_\_\_

**THE FOLLOWING INFORMATION WILL ONLY BE USED FOR STATISTICAL PURPOSES:**

**Sex:** ☐ Male ☐ Female

**Race:** ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ American Indian or Native American

**National Origin:** ☐ Mexican ☐ Hispanic/Latino ☐ East Indian ☐ Arab, Middle Eastern ☐ Other

**Whom are you filing against? (Where you worked in Utah)**

(Employer – Union - Employment Agency - Apprenticeship Program)

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Highest Official \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Type of Business \_\_\_\_\_

**How many employees does the company have?**

☐ Less than 15 ☐ 15-100 ☐ 101-200 ☐ 201-500 ☐ 500+

**Are there less than 15 employees in Utah** Yes ☐ No ☐

**Corporate office, parent or leasing company:**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person to Contact \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Date of Hire \_\_\_\_\_ Date of Separation \_\_\_\_\_

Job Title \_\_\_\_\_ Wage \_\_\_\_\_

Supervisor \_\_\_\_\_

First Date of Harm \_\_\_\_\_ *Latest Date of Harm* \_\_\_\_\_**PROTECTED CLASS – I believe I have been treated differently from others because of my:**☐ Race ☐ National Origin ☐ Color ☐ Religion ☐ Age/over 40☐ Sex/Gender ☐ Pregnancy ☐ Disability (describe your disability) \_\_\_\_\_☐ Retaliation (for reporting, opposing or complaining of discrimination)

**If your complaint is based on a claim of disability or failure to accommodate,  
complete the ADA questionnaire in addition to this one.**

**HARM – I was subjected to discrimination because:**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Assignments              | <input type="checkbox"/> Hiring                   | <input type="checkbox"/> Sexual Harassment  |
| <input type="checkbox"/> Benefits                 | <input type="checkbox"/> Intimidation             | <input type="checkbox"/> Suspension         |
| <input type="checkbox"/> Demotion                 | <input type="checkbox"/> Promotion                | <input type="checkbox"/> Terms & Conditions |
| <input type="checkbox"/> Discharge or Resignation | <input type="checkbox"/> Layoff                   | <input type="checkbox"/> Training           |
| <input type="checkbox"/> Discipline               | <input type="checkbox"/> Retirement               | <input type="checkbox"/> Wages              |
| <input type="checkbox"/> Harassment               | <input type="checkbox"/> Reasonable Accommodation | <input type="checkbox"/> Other _____        |

**(For disabilities only)****Did you report or complain of discrimination?** Yes \_\_\_\_\_ No \_\_\_\_\_

To whom did you report it? \_\_\_\_\_ When? \_\_\_\_\_

Please briefly explain \_\_\_\_\_

**Describe any harm you suffered after you complained:**\_\_\_\_\_  
\_\_\_\_\_**What reason did the employer give for the action taken against you?**\_\_\_\_\_  
\_\_\_\_\_**Why do you believe that the reason given by the employer is not true?**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHO ARE YOUR WITNESSES?**

Name

Job Title

Address/Phone

1. \_\_\_\_\_

What will #1 tell us? \_\_\_\_\_

2. \_\_\_\_\_

What will #2 tell us? \_\_\_\_\_

3. \_\_\_\_\_

What will #3 tell us? \_\_\_\_\_

**Name others who were treated differently or better than you.**

Name

Job Title

Race /National Origin

Sex

Age

\_\_\_\_\_

\_\_\_\_\_

**Name others who were treated the same as you.**

Name

Job Title

Race /National Origin

Sex

Age

\_\_\_\_\_

\_\_\_\_\_

**Do you have any documents or evidence to support your complaint? Describe:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List someone we can contact if we cannot reach you:**

Name \_\_\_\_\_

(First)

(Middle)

(Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

**IF YOU HAVE HIRED AN ATTORNEY TO REPRESENT YOU, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ address \_\_\_\_\_

Utah state law prohibits discrimination and provides that if you are a victim of employment discrimination you may be entitled to certain remedies which may include back wages, reinstatement and/or a letter of recommendation, employment offers, promotions, expungement of your personnel file or an apology. Please list below what you expect as an appropriate remedy to your complaint.

Write a paragraph describing each of the “**HARMS**” that you checked above. Include dates, names of people involved, and why you feel that it was discrimination.

**In submitting this form, you agree to advise the Division of any change in your address and/or telephone number and commit that you will fully cooperate in processing this charge in accordance with our policies and procedures. Failure to cooperate may result in the dismissal of the charge or issuance of findings based on the information contained in the file. You may contact us at 801-530-6801 or 800-222-1238.**

## Today's Date